

Population Dose and Impact on Health of Three Mile Island Accident

■ A report on the "Population Dose and Health Impact of the Accident at the Three Mile Island Nuclear Station" has been compiled by staff scientists from the Department of Health, Education, and Welfare, the Environmental Protection Agency, and the Nuclear Regulatory Commission. These agencies seek comments on this preliminary assessment both from the public and the scientific community.

Had the incident not occurred, about 325,000 fatal cancers would normally be expected in a population of 2 million people over their remaining lifetimes. Based on their analysis of the data available at the time, the scientists of the inter-agency Ad Hoc Population Dose Assessment Group projected that one additional fatal cancer could occur as a result of the incident. They estimated that there could also be one additional nonfatal adverse health effect, such as cancer or a genetic defect.

The Ad Hoc Population Dose Assessment Group was comprised of Lewis Battist, John Buchanan, Frank Congel, and Harold Peterson from the Nuclear

Regulatory Commission; Christopher Nelson from the Environmental Protection Agency; and Mark Nelson and Marvin Rosenstein from the Department of Health, Education, and Welfare.

The report updates earlier information and provides four estimates of the amount of radiation to which the 2 million residents within a 50-mile radius were exposed from March 28 through April 7, 1979—the period during which the principal radiation releases occurred. The estimates are 1,600, 2,800, 3,300, and 5,300 person-rem. The estimates vary because different methods were used to analyze the data. But even the highest figure, 5,300 person-rem, represents an insignificant addition of radiation over what the population in this area would normally receive.

According to the Food and Drug Administration's Bureau of Radiological Health, this additional amount is comparable to the amount of background radiation (radiation caused by the earth, sun, and other natural

sources) to which the people in this area are exposed in about 10 days.

As additional information about the potential health effects of the Three Mile Island incident becomes available, it will be made public. At the direction of President Carter, a final report on the consequences of the Three Mile Island accident will be prepared by the Environmental Protection Agency. That report will present the results of monitoring and other data obtained by all Federal agencies, including the results reported by the inter-agency group in its preliminary assessment.

Population Dose and Health Impact of the Accident at the Three Mile Island Nuclear Station (A preliminary assessment for the period March 28 through April 7, 1979). U.S. Government Printing Office, Washington, D.C. 20402 (Stock No. 017-001-00408-1 at \$3.75 per copy).

A 7-page reprint is also available, which contains the Preface and the Summary and Discussion of Findings from the report. Copies may be obtained free of charge from the Bureau of Radiological Health (HFX-25), 5600 Fishers Lane, Rockville, Md. 20857.

Greater Public Awareness of Health Hazards of Asbestos Exposure

■ The public is becoming more aware of the health hazards of asbestos. "Results of a national survey conducted in October 1978 reveal that 62 percent of adult Americans have heard or seen something recently on the hazards of asbestos exposure, compared to 50 percent in an identical survey taken in June 1978," said Health, Education, and Welfare Secretary Joseph A. Califano, Jr.

PUBLIC AWARENESS CAMPAIGN

In August 1978, the Department of Health, Education, and Welfare and the Department of Defense joined labor unions, employers, and other organizations in launching a major public awareness campaign about the dangers of asbestos exposure. The campaign, via television, radio and magazine advertisements, special publications, and other media, was undertaken because the dangers of asbestos exposure were believed to be not well understood by the American public, particularly those people who were most likely to have been exposed in the workplace many years ago. Scientific information indicates that such people may not begin to show signs of disease for as many as 30 or more years following exposure. Also, although asbestos exposure by itself can increase the risk of lung cancer to some degree, asbestos and cigarette smoking together increase the risk fivefold over the high risk due to smoking alone. In opening the campaign, Califano pointed out: "Many of the workers heavily exposed in the past, particularly before the Federal Government began to regulate asbestos in the workplace in the late 1960's and early 1970's, may just now be facing serious health effects as a result of this exposure and may not be fully aware of the risk."

An estimated 8 to 11 million workers have been exposed to asbestos since the beginning of World War II, 5.4 million of them while working in American shipyards during the war. And these former shipyard workers have been showing a significant increase in deaths from lung cancer and mesothelioma (cancer of the mem-

branes lining the chest or abdominal cavity). Another 1.5 to 2.5 million workers may still be exposed to asbestos today—in shipbuilding, construction, mining, automobile brake and clutch installation and repair, and in other industries as well. (Such workers are currently under Occupational Safety and Health Administration workplace standards designed to reduce this excess risk.)

CAMPAIGN RESULTS

The two national surveys of people's knowledge about asbestos, conducted for the National Cancer Institute by the Gallup Organization, Inc., in June and October 1978, were identical; in each 1,500 adults were asked 8 questions. Commenting on the results of the second survey, NCI Director Dr. Richard C. Upton reported that "the primary recollection of people who had heard about asbestos was that the substance causes cancer. However, only 4 percent stated that quitting smoking can reduce the risks of asbestos-related disease in exposed persons."

In the campaign, special target audiences were persons over age 50 and manual laborers. Although the surveys showed that the older age group had become more aware of asbestos hazards, the surveys also showed that manual laborers still lagged behind the general population in knowledge of the problem.

The majority of those who said they had heard or read something about asbestos were able to link asbestos with lung cancer and lung damage, or at least to identify the substance as hazardous, a cause of illness, or a source of respiratory problems. The number of people who knew that persons exposed to asbestos should see a physician was increasing. In October, 31 percent stated that seeing a doctor was a way to reduce the health risks of asbestos exposure; in June, only 25 percent recognized that fact. Public understanding of the link between asbestos exposure and occupation also improved somewhat in the period between the two surveys. Yet fewer than one in three respondents in either the June or October survey

Can you spot the danger in this ship's engine room?



It's the asbestos on the pipes.

During World War II, one of the materials used to build this ship was asbestos. No one knew it then, but breathing asbestos dust can cause serious lung diseases, including cancer. Sometimes it takes 30 years or more for asbestos-related diseases to show. Millions of workers in construction, mining, and parts of the auto industry involved in brake and clutch installation and repair may have been exposed, too.

If you think you're one of them, here's what you should know:

1. Even if you feel good, check with your doctor;
2. If you smoke you increase your risk, so stop;
3. Get prompt medical treatment for any respiratory illness.

For more information, write:
ASBESTOS

National Cancer Institute
Bethesda, Maryland 20014
or call: 800-638-6694
In Maryland, call: 800-492-6600

A public service message by the U.S.
Department of Health, Education, and
Welfare

correctly linked asbestos exposure to installing and replacing brake linings.

There was substantial improvement in the public's understanding that illness related to asbestos exposure may take more than 20 years to develop. However, the level of understanding remained low for the total sample and for both of the target subgroups.

MATERIALS ON ASBESTOS

The following informational materials are still available without charge. Write Asbestos, National Cancer Institute, Bethesda, Md. 20205. Those seeking assistance in developing informational programs can contact Ms. Pat Newman, National Cancer Institute, Office of Cancer Communications, Bethesda, Md. 20205.

- Magazine or newspaper advertisements. Small-space slicks with information about risks and how to reduce them.

- *Asbestos Exposure: What it Means, What to Do.* DHEW Publication No. (NIH) 78-1594. A 12-page brochure providing information for workers about risks, disease, and how to obtain further assistance and information on topics such as compensation and current workplace exposure standards. Workers are reminded that compensation programs, where applicable, usually specify a time limit for filing a claim following discovery of an occupationally related disease. Local telephone numbers to call for more information are listed.

- *Clearing the Air.* DHEW Publication No. (NIH) 78-1647. A guide to quitting smoking.

- *Asbestos Exposure: A Desk Reference for Communicators.* DHEW Publication No. (NIH) 78-1622. A 16-page bibliography of public and professional educational materials, May 1978.

- *Asbestos. An Information Resource.* DHEW Publication No. (NIH) 79-1681. A 192-page monograph providing background on the asbestos problem.

- *Second Survey of Public Awareness on Asbestos Exposure.*

A System for Classifying Data Concerning Reasons for Ambulatory Care Visits

■ An evaluation of the National Ambulatory Medical Care Survey Symptom Classification and other medical classifications that might be used to categorize a patient's reasons for seeking ambulatory medical care was undertaken in 1975 by the American Medical Record Association under a contract with the National Center for Health Statistics (NCHS). As a final product of this contract, a model system for classifying reason for visit data was developed and tested. That system is described in a recent NCHS publication, *A Reason for Visit Classification for Ambulatory Care*.

The publication contains a tabular list of categories and an alphabetical index of terms. Some guidelines for collecting and processing reason for visit data are also presented. In the tabular list, the following modules represent the basic categorizations of the patient's reason for visit: symptom; disease; diagnostic, screening, and preventive; treatment; injuries and adverse effects; tests results; and ad-

ministrative. The alphabetical index is an extensive list of words and terms with their appropriate code numbers. It includes many synonyms and patients' expressions to facilitate the coding of reason for visit data. This index will be continuously expanded as new terms are added.

The ambulatory care classification system, which was designed for application in a variety of ambulatory settings, is currently being used in the National Ambulatory Medical Care Survey of NCHS. Use outside the NAMCS, as well as feedback regarding its use, is encouraged.

A Reason for Visit Classification for Ambulatory Care. DHEW Publication No. (PHS) 79-1352. *Vital and Health Statistics, Series 2, No. 78, 63 pages.* Single copies are available free of charge from the National Center for Health Statistics, Rm. 1-57, Center Bldg., 3700 East-West Highway, Hyattsville, Md. 20782. Attn: M. Murray, or call (301) 436-NCHS.

Fellowships for Research and Study Abroad in the Health Sciences

■ The Fogarty International Center of the National Institutes of Health is offering senior international fellowships to outstanding mid-career faculty members of U.S. biomedical or graduate-level educational institutions for research and study in the health sciences at foreign host institutions. These awards are intended to enhance the Fellows' careers and to provide mutual benefit to both the U.S. and foreign institutions. The selection is competitive and depends upon the qualifications of the applicants, the scientific merit of the proposed work, and the benefit to be derived from the collaboration. Awards are made for periods of 3 to 12 months.

Applicants must be U.S. citizens or permanent U.S. residents. They should hold a full-time appointment at a U.S. institution and have at least 5 years' experience beyond the doctorate. Applicants require a nomination by the U.S. institution and an invitation by

the foreign institution. Transportation, an allowance for the foreign institution, and an award of up to \$24,000 per year are provided. Deadline for receipt of applications is October 1, 1979. Announcements of the awards will be made in March or April 1980.

A limited number of special-emphasis senior international fellowships will be awarded in the special fields of aging, arthritis, diabetes, epilepsy, and tropical diseases. These awards will be in addition to those of the regular program. The eligibility requirements and general terms are the same as for the regular Senior International Fellowships Program. Concurrent applications to each program are not permitted.

Further information may be obtained from the Scholars and Fellowships Program Branch, Fogarty International Center, National Institutes of Health, Bethesda, Md. 20205.

Symposium on Nutrition and the Killer Diseases

■ The Institute of Human Nutrition at Columbia University is sponsoring a 2-day symposium on nutrition and the killer diseases, to be chaired by Dr. Myron Winick, director of the institute. Worldwide experts will participate in the meeting in New York City, November 29–30, 1979. Its purpose is to examine the contribution of nutrition to the three major killer diseases—atherosclerosis, hypertension, and cancer—and to try to document the importance of nutritional factors in their pathogenesis. In addition, the symposium will explore various approaches to altering our nutrition in an attempt to lower the incidence of these serious diseases.

For further information write to the Director, Institute of Human Nutrition, Columbia University, 701 West 168th St., New York, N.Y. 10032.

Stress Reduction Techniques: An Experimental Workshop

■ A workshop on stress reduction techniques will be offered on November 4, 1979, in New York City before the annual meeting of the American Public Health Association. The workshop will be sponsored by APHA's Mental Health Section in conjunction with the association's Medical Care, Public Health Education, and School Health Sections.

The workshop is intended for practitioners in mental health, primary health care, and health education. Participants will learn skills that they may personally use in coping with the stress in their own professional and personal lives and which they may teach to their patients, students, or consumers. The workshop will be directed by David F. Duncan, DrPH, associate professor and coordinator of the Graduate Program in Community Health at Southern Illinois University, Carbondale.

For further information on this continuing education workshop, contact Cheryl A. Beversdorf, RN, MHS, Continuing Professional Education Coordinator, American Public Health Association, 1015 Eighteenth St., NW., Washington, D.C. 20036; telephone (202) 461-5000.

Free Loan Film Demonstrates How Routine Health Care Can Prevent Serious Disease

■ "The Prevention Factor" is a 30-minute drama-documentary film about a lovable, successful, rather special man who carelessly ignores the symptoms of a bad cold and almost succumbs to pneumonia. The film emphasizes the importance of routine health care as a personal obligation.



Gary Merrill stars as Bert Saxon, a 61-year-old husband, father, grandfather, and community leader whose indifference to his health causes a near tragedy for himself and his family. News commentator Frank Blair narrates the saga of one man's struggle to survive pneumococcal pneumonia. He reviews the history of pneumonia, describes its effect on the body, the scientific advances that have been made in treating it, and reports that there is now a new vaccine that can prevent certain strains of pneumococcal pneumonia.

Produced on behalf of the American Lung Association, with grant support from Health Information Services, Merck Sharp & Dohme, Division of Merck & Co., Inc., this 16-mm, color, and sound film is available on free loan from West Glen Films, 565 Fifth Ave., New York, N.Y. 10017.

Government and voluntary health care groups, civic and fraternal associations, senior citizens' clubs, and staffs of informational programs directed at hospital and nursing home patients will find it valuable.

What Blacks and Hispanics Should Know About Cancer

■ The National Cancer Institute has recently published two booklets on cancer especially for blacks and Hispanics. "What Black Americans Should Know About Cancer" explains the rates and risks of cancer among blacks and answers the questions most often asked about cancer, its causes, prevention, treatment, and rehabilitation, with special emphasis on the relationship of nutrition and cancer. A glossary of terms is also included.

"Lo Que Usted Debe Saber Sobre el Cáncer" (What You Should Know About Cancer) is directed at people of Hispanic origin. In Spanish and English, the booklet answers questions on cancer causes, prevention, treatment, and cures. Included also are an information section and a glossary.

These two booklets are co-sponsored by the National Medical Association,

the National Association of Community Health Centers, and the National Coalition of Hispanic Mental Health and Human Services Organizations. They were produced by the National Cancer Institute. To aid in distribution of the booklets, two posters featuring a "take-one" pocket from which people may take free copies have been prepared.

What Black Americans Should Know About Cancer. DHEW Publication No. (NIH) 78-1635.

Lo Que Usted Debe Saber Sobre el Cáncer (What You Should Know About Cancer). DHEW Publication No. (NIH) 79-1828.

Copies of both publications and the posters are available free from the Office of Cancer Communications, National Cancer Institute, Bethesda, Md. 20205.

How Health Professionals Can Help Smokers Quit . .

■ Smoking is considered to be the single greatest preventable cause of death and disability in the United States today. A quick review of the statistics confirms that smoking is indeed a hazardous habit.

Eighty-five percent of the deaths from bronchitis, emphysema, and other lung diseases could be prevented if people stopped smoking. Forty percent of all cancers in males and an increasing percentage of the cancers in females are related to smoking. In 1977 alone, smoking was a major factor in an estimated 78,000 lung cancer deaths; an estimated 2,200 deaths from other cancers (including cancer of the mouth, esophagus, pancreas, kidney, and bladder); and an estimated 20,000 deaths from heart disease. In addition, certain occupational groups exposed to cancer-causing substances in the workplace (for example, asbestos) exacerbate their cancer risk by smoking. Evidence also suggests that unborn children whose mothers smoke during pregnancy are more likely to be stillborn or to have developmental deficiencies.

Most smokers do realize the dangers of their habit and want to quit. Approximately 6 of 10 have seriously tried in the last year, while 9 of 10 say they would quit if they had more help. Accordingly, many public and private agencies now offer a variety of mechanisms and support services to aid smokers who want to quit.

One of the most potentially effective and yet underused mechanisms for providing such aid is the physician's office conference with the smoking patient. Although research shows that physicians can be effective cessation catalysts, the majority of patients who smoke report that their physicians have never provided them with advice on quitting.

The National Cancer Institute therefore has prepared a Helping Smokers Quit kit for physicians and other health professionals to use in assisting smokers who want to stop. Available free of charge, the kit contains enough materials for 50 smokers. Included are guidelines for physicians and other office staff; a self-test that helps smokers determine why they smoke and offers alternatives that can help them stop; a pamphlet—*Calling It Quits*—of approaches to and helpful hints for



Ask your spouse or a friend . . .

Involve someone else . . .

quitting; a followup letter called *What Happens After You Quit*, to emphasize the benefits of quitting; and humorous wall posters to introduce the subject with the slogan—"The question for smokers is not whether to quit, but how."

RESPONSE TO THE KIT

Last year, a pretest of the kit's materials and approaches was conducted with 10 physicians and 100 smokers, in cooperation with the M. D. Anderson Hospital and Tumor Institute (Houston, Tex.) and the Harris County (Texas) Medical Society. Suggestions from this pretest were incorporated into the final kit, which was first made available in December 1978. Promotions of the kit via direct mail, editorial and print ad placements, and word-of-mouth have generated a demand that has exceeded all expectations. To date, more than 30,000 kits have been ordered by interested health professionals, hospitals, and community health settings. The kit has been endorsed and promoted by many organizations, including the U.S. Navy, the National Institute for Child Health and Human Development, Blue Cross/Blue Shield, the Metropolitan Life Insurance Company, and several State medical societies, including those in Texas, Indiana, and Colorado. Other

countries, too, are beginning to express interest in the kit concept.

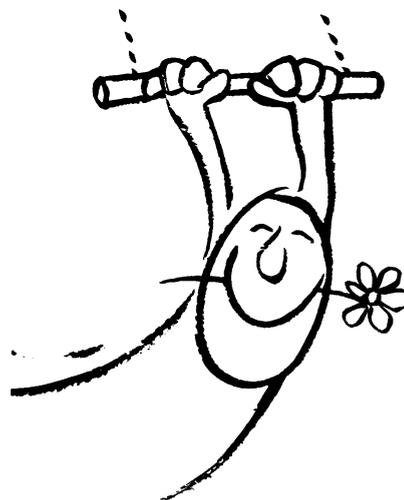
EVALUATION OF THE KIT

Evaluation is essential if the kit is to effectively serve the patients for whom it is intended and the health professionals who administer it. Informal evaluation is already taking place by means of a review of the comments from smokers and health professionals, and these comments will be used to modify and improve the kit. In addition, a thorough field evaluation is planned. In this systematic evaluation, such questions will be considered as:

1. Do the kit format and materials help patients to quit smoking?
2. Does the use of the kit significantly increase the number of patients who stop smoking?
3. How permanent is the smoking behavior change stimulated by the kit?

Answers to these and other questions will help shape the National Cancer Institute's continuing efforts to address the smoking problem. For more information or to order a kit, write to Helping Smokers Quit, Box K25, National Cancer Institute, Bldg. 31, Rm. 4B39, Bethesda, Md. 20202.

—Wendy L. Child, *Public Information Specialist, National Cancer Institute, Bethesda, Md.*



What happens after you quit smoking

National Symposium on Wastewater Aerosols and Disease

■ The U.S. Environmental Protection Agency is sponsoring a symposium on aerosols and disease (the public health significance of wastewater aerosols), September 19–21, 1979, in Cincinnati, Ohio.

This symposium will bring together scientists, engineers, physicians, and Federal, State, and local health officials for a review of research on the transmission of disease agents by the aerosols generated from wastewater treatment plants.

The information presented at the symposium will include a review of aerosol contaminants and the results of health studies conducted on exposed populations. Case studies will be presented for Tecumseh, Mich., Tigard, Oreg., Cincinnati, Ohio, and Shaumburg and Skokie, Ill. Suppression techniques and suppression barriers will be evaluated, and modeling applications for predicting levels of aerosol contaminants will be presented.

The meeting will conclude with a panel discussion to assess the information presented on the health effects associated with wastewater treatment plant aerosols.

The National Symposium on Wastewater Aerosols and Disease is being sponsored by JACA Corp. (Environmental Consultants and Engineers). Additional information may be obtained from Virginia Hathaway, JACA Corp., 550 Pinetown Rd., Fort Washington, Pa. 19034, telephone (215) 643-5466.

Symposium on Toxicology of Respiratory Particles

■ The 19th annual Hanford Life Sciences Symposium, on toxicology of respirable particles, will be held in Richland, Wash., October 22–24, 1979. C. L. Sanders, PhD, F. T. Cross, PhD, G. E. Dagle, PhD, J. G. Hadley, PhD, and J. A. Mahaffey, PhD, will serve as co-chairmen of the meeting, which is sponsored by the U.S. Department of Energy and the Battelle Memorial Institute, Pacific Northwest Laboratories.

The symposium will cover the pulmonary toxicology of (a) radionuclides from unclear sources, (b) fly ash and metals from combustion of coal, and

(c) soot and hydrocarbons from combustion of oil and other fossil fuels. Secondary particles such as nitrates and sulphates will also be examined. Characterization and deposition, metabolism and retention, cellular interactions, pathology and physiology, and the carcinogenesis of inhaled particles in the lung will be examined in respect to effluents from nuclear and fossil sources. Both animal and human studies will be reported. The papers will be published in the Department of Energy Symposium Series, Oak Ridge, Tenn.

Further information can be obtained from Mrs. Judith A. Rising, Symposium Secretary, Biology Department, 331 Bldg., Battelle, Pacific Northwest Laboratories, Richland, Wash. 99352, telephone (509) 942-3251, FTS 444-3251.

Expanding the Opportunities for Services and Jobs for Older People Under CETA

■ The Department of Health, Education, and Welfare and the Department of Labor have signed an agreement to further the access of older people to services and jobs under the Comprehensive Employment and Training Act (CETA). CETA offers training and work experience to increase the earned income of the "economically disadvantaged."

The memorandum of understanding was signed by the U.S. Commissioner on Aging Robert Benedict and the Assistant Secretary of Labor for Employment and Training Ernest G. Green. The agreement opens the way for creation of a CETA-funded staff position for a work and service specialist in each State unit on aging. This specialist will be responsible for linking and coordinating CETA programs with area agencies on aging and with other parts of the network concerned with aging. The Administration on Aging will train specialists and provide support services. Appointment of the specialists is subject to each State Governor's approval.

CETA and the network on aging, which includes nutrition and community social-health service programs and senior centers, have worked together in some localities on a limited scale. The new plan is expected to focus increased attention on CETA resources and expand older people's opportunities for services and jobs.

federal register briefs

Compiled by Charles E. Jackson, Division of Legislation, Health Resources Administration

March 6, 1979, Vol. 44, No. 45, pp. 12269–12270

Medical devices index. The Food and Drug Administration has announced the availability of an index of the generic names of medical devices used in proposed classification regulations. The index will assist a person in finding the specific classification regulation for a device that is classified by more than one medical specialty classification panel. It can be obtained from the Hearing Clerk (HFA-305), Food and Drug Administration, Rm. 4-65, 5600 Fishers Lane, Rockville, Md. 20857

March 16, 1979, Vol. 44, No. 53, pp. 16027–16028

Child nutrition. The Food and Nutrition Service in the Department of Agriculture has given notice that it plans to provide grants to State educational agencies responsible for administering child nutrition programs. The Child Nutrition Act of 1966 authorizes the Secretary of Agriculture to make cash grants to State educational agencies for conducting experimental or demonstration projects designed to teach children the nutritional value of foods and the relation of nutrition to human health.

March 19, 1979, Vol. 44, No. 54, pp. 16394–16398

Medicare and Medicaid regulations. The Health Care Financing Administration has published final regulations that revise a number of Medicare and Medicaid regulations to make them conform to the review and certification requirements of Professional Standards Review Organizations (PSROs). The PSRO regulations establish policies and procedures for (a) PSRO assumption of the review responsibility in determining the medical necessity, quality, and appropriateness of health services that are paid for under the Medicare and Medicaid

programs; (b) the conclusive effect of PSRO determinations on Medicare and Medicaid claim payments; and (c) the correlation of PSRO activities with Medicare and Medicaid to preclude duplication of other review certification and payment activities. The Medicare and Medicaid requirements will now be governed by the PSRO policies and procedures.

March 23, 1979, Vol. 44, No. 48, pp. 17920-17923

National Alcohol Research Centers. To implement Section 504 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, the Public Health Service has published final regulations that add new rules respecting grants for National Alcohol Research Centers. Section 504 of that Act authorizes the Secretary of Health, Education, and Welfare to designate National Alcohol Research Centers for long-term interdisciplinary research on alcoholism and other alcohol problems and to make grants to such centers.

The final regulations set forth the requirements for applying for, receiving, and administering National Alcohol Research Center grants. For information, contact Dr. Albert Pawlowski, Chief, National Research Centers Branch, Division of Extramural Research, National Institute on Alcohol Abuse and Alcoholism, Rm. 16-C-26, 5600 Fishers Lane, Rockville, Md. 20857, telephone (301) 443-4223.

April 2, 1979, Vol. 44, No. 64, pp. 19302-19304

Recombinant DNA research. The National Institutes of Health (NIH) have given notice of a proposed program to assess the risks of recombinant DNA research, issuing in December 1978 revised guidelines for the conduct of such research. The Secretary of Health, Education, and Welfare requested NIH to prepare a risk assessment plan, which after review by the Recombinant DNA Advisory Committee and comments from the public would become final with annual updates. The major concerns about

recombinant DNA experimentation have included the possible conversion of non-pathogenic agents and, also, the establishment in the ecosystem of organisms containing recombinant DNA molecules.

For further information, contact Dr. John Nutter, Chief, Office of Specialized Research and Facilities, National Institute of Allergy and Infectious Diseases, Bethesda, Md. 20205.

April 2, 1979, Vol. 44, No. 64, pp. 19306-19337

New institutional health services. The Public Health Service has promulgated regulations that amend earlier rules governing health systems agencies (HSAs) and their procedures and criteria with respect to the review of new institutional health services. For State health planning and development agencies (SHPDAs), the promulgated regulations amend the procedures and criteria for certificate of need and other reviews of new institutional health services.

The regulations implement a recent amendment to the Public Health Service Act requiring that review criteria used by HSAs and SHPDAs which consider the special needs and circumstances of Health Maintenance Organizations (HMOs) be consistent with the standards and procedures these agencies must follow in reviewing and commenting on financial assistance for HMOs under Title XIII of the Act. These regulations also require consideration by health planning agencies of the health-related needs of medically underserved groups and, in particular, members of groups that have traditionally experienced difficulties in obtaining equal access to health services, such as minorities, women, and the handicapped.

April 4, 1979, Vol. 44, No. 66, pp. 20306-20307

Office of Graduate Medical Education. An Office of Graduate Medical Education has been established in the Office of the Administrator of the Health Resources Administration. It is designed (a) to conduct, support, or obtain analytical studies for use in determining the future supply of, and requirements for,

physicians by specialty and geographic location (including linkages between physicians' training and their practice characteristics); (b) to develop strategies linking the distribution and graduate training of physicians to national health planning goals; (c) to maintain liaison with groups and organizations involved in medical education; and (d) to provide staff support to the Graduate Medical Education National Advisory Committee.

April 4, 1979, Vol. 44, No. 66, pp. 20382-20387

Mental health research. The Public Health Service has published final regulations setting forth procedures for persons engaged in research on mental health, including research on the use and effect of alcohol and other psychoactive drugs. These researchers would be given the privilege of protecting the privacy of research subjects by withholding their names or other identifying characteristics from all persons not connected with the research. Researchers so authorized might not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceeding, to identify such subjects.

April 5, 1979, Vol. 44, No. 67, p. 20539

Advisory Committee on Health-Related Effects of Herbicides. Because the Veterans Administration (VA) may be faced with possible delayed adverse health effects of herbicidal chemicals used in Vietnam during the recent conflict, it has determined a need for establishing an Advisory Committee on Health-Related Herbicides. This committee is needed to enable the VA staff to establish the medical policies and procedures that will best benefit the veterans of that conflict. The committee will include members of VA sister agencies, chemical companies, universities, and the public with expertise in this area.

Comments about the committee may be sent to Gritt W. Schepers, MD, Medical Services (III), Veterans Administration Central Office, 810 Vermont Ave., NW., Washington, D.C. 20420.